

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Lichte, Patricia L.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 5952		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State) 132 Willis Avenue Rochelle, IL ZIPCODE 61068		Street Address of Joint Debtor (No. and Street, City, and State) ZIPCODE
County of Residence or of the Principal Place of Business: Ogle		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIPCODE		Mailing Address of Joint Debtor (if different from street address): ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000-5000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition

(This page must be completed and filed in every case)

Document

Page 2 of 15

Name of Debtor(s):

Patricia L. Lichte

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)Location
Where Filed: NONE

Case Number:

Date Filed:

Location
Where Filed: N.A.

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.
I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).

X /s/ Richard H. Schmack
Signature of Attorney for Debtor(s) Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

☐ Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)☐ Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1) (1/08)

Document

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Page 3

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Patricia L. Lichte

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Patricia L. Lichte

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)☐

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

☐

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney***X** /s/ Richard H. Schmack

Signature of Attorney for Debtor(s)

RICHARD H. SCHMACK 3127667

Printed Name of Attorney for Debtor(s)

Firm Name

584 West State Street

Address

Sycamore, IL 60178**815-895-2074**

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B1 D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re Patricia L. Lichte
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Patricia L. Lichte
PATRICIA L. LICHT

Date: _____

Account Recovery Services, Inc.
P.O.Box 2526
Loves Park, IL 61132

ACS
P.O.Box 7051
Utica, NY 13504-7051

AFNI
404 Brock Drive
P.O.Box 3427
Bloomington, IL 61702-3427

Allied Business Accounts, Inc.
P.O.Box 1600
Clinton, IA 52733-1600

Allied Interstate
P.O.Box 1962
Southgate, MI 48195-0962

American Family Insurance
Madison, WI 53777-0001

American Student Assistance
100 Cambridge Street
Suite 1600
Boston, MA 02114

Apex Financial Management
P.O.Box 2189
Northbrook, IL 60065-2189

Audi Financial Services
P.O.Box 3
Hillsboro, OR 97123-003

Bank of America NA
Recovery Management
100 North Broadway
St. Louis, MO 63102-2738

Bethany Healthcare & Rehab Center
3298 Resource Parkway
DeKalb, IL 60115

BMG Music Service
P.O.Box 1958
Indianapolis, IN 46291-0010

BP Benefits Center
P.O.Box 0601
Carol Stream, IL 60132-0601

Bureau of Collection Recovery
7575 Corporate Way
Eden Prairie, MN 55344

Camelot Radiology Associates
4435 Manchester Drive
Rockford, IL 61109

Capital One
P.O.Box 30285
Salt Lake City, UT 84130-0285

Certegy Payment Recovery Services
11601 Roosevelt Boulevard
St. Petersburg, FL 33716

Charles P. Cole
P.O.Box 24
Rochelle, IL 61068

Chase Card Services
P.O.Box 15298
Wilmington, DE 19850-5298

Checks for Cash
1077 North Caron Road
Rochelle, IL 61068

City of Rochelle Ambulance Service
420 North 6th Street
Rochelle, IL 61068

Clear Check Payment Solutions
P.O.Box 27087
Greenville, SC 29616-2087

Comcast
1255 West North Avenue
Chicago, IL 60622

Control Credit Management
P.O.Box 1654
Green Bay, WI 54304-1654

Cottage Lake Veterinary Hospital
19150 NE Woodinville Duvall Road
Woodinville, WA 98077

Credit Collection Services
Two Wells Avenue
Dpt. AMFA
Newton, MA 02459

Credit Management Services
P.O.Box 258011
Valley View, OH 44125-8011

Crown Asset Management LLC
3355 Breckinridge Boulevard
Suite 132
Duluth, GA 30096

Culligan Water Conditioning
830 South Fourth Street
DeKalb, IL 60115

CW Services
1500 West Lincoln Avenue
Rochelle, IL 61068

Debtscreen.com, Inc.
P.O.Box 141006
Staten Island, NY 10314

Diversified Collection Services, Inc.
333 North Canyons Parkway
Suite 100
Livermore, CA 94551-7661

Diversified Consultants, Inc.
P.O.Box 551268
Jacksonville, FL 32255-1268

Express Scripts
P.O.Box 66524
St. Louis, MO 63166-6524

Fearer, Nye & Chadwick
420 Fourth Avenue
Rochelle, IL 61068

First Card
P.O.Box 15298
Wilmington, DE 19850-5298

First National Bank & Trust
340 May Mart Drive
P.O.Box 49
Rochelle, IL 61068

First Premier Bank
P.O.Box 5519
Sioux Falls, SD 57117-5519

GC Services ltd
P.O.Box 95366 (056)
Atlanta, GA 30347

Groundworks Lawn - Landscape
5469 Center Road
Rochelle, IL 61068

Guest Legal PC
P.O.Box 150
Rochelle, IL 61068

Guideposts
P.O.Box 5814
Harlan, IA 51593

Haggen/Top Foods
P.O.Box 9704
Bellingham, WA 98227

Health Care Billing Services, Inc.
P.O.Box 4
Clinton, IA 52733-0004

Horizon Financial Management
8585 South Broadway, Suite 880
Merrillville, IN 46410-5661

IDES
Benefit Repayments
P.O.Box 6996
Chicago, IL 60680-6996

IL Department of Revenue
P.O.Box 19084
Springfield, IL 62794-9084

Illinois Tollway
P.O.Box 5201
Lisle, IL 60532-5201

Illinois Tollway
P.O.Box 5201
Lisle, IL 60532-5201

Illinois Tollway
P.O.Box 5201
Lisle, IL 60532-5201

Kingston Mutual Insurance Company
420 West Main Street
Genoa, IL 60135

Kishwaukee Community Hospital
1 Kish Hospital Drive
DeKalb, IL 60115

Law Offices of Mitchell N. Kay
P.O.Box 2374
Chicago, IL 60690-2374

Malta Veterinary Hospital
3921 State Route 38
Malta, IL 60150

Medcare Health Center
1212 Currency Court
Rochelle, IL 61068

MKM Acquisitions LLC
P.O.Box 9010
Woodbury, NY 11797-9010

Mutual Management Services
P.O.Box 4777
Rpclfprd. O: 61110

Nat'l Assn of Credit Management
P.O.Box 21966
Seattle, WA 98111-3966

NCO Financial Systems, Inc.
507 Prudential Road
Horsham, PA 19044

Northland Group, Inc.
P.O.Box 390846
Edina, MN 55439

OSF Lifeline Ambulance
318 Roxbury Road
Rockford, IL 61107

OSF St. Anthony Medical Center
5666 East State Street
Rockford, IL 61108

Pacific Medical Clinics
P.O.Box C-34131
Seattle, WA 98144

Persaud Family Healthcare
822 North Second Street
Rochelle, IL 61068

Professional Collection Service
P.O.Box 76
Freeport, IL 61032

Providian Financial
P.O.Box 660490
Dallas, TX 75266-0490

Reddy Medical Associates
P.O.Box 2184
Indianapolis, IN 46206-2184

Regional Cardiology Consultants
6090 Strathmoor Drive
#6
Rockford, IL 61107

Renton Collections, Inc.
211 Morris Avenue South
Renton, WA 98055

Riexinger & Associates
P.O.Box 956188
Duluth, GA 30095-9504

Rochelle Community Hospital
900 North Second Street
Rochelle, IL 61068

Rochelle Medical
P.O.Box 17052
Rockford, IL 61110-7052

Rochelle Municipal Utilities
P.O.Box 456
Rochelle, IL 61068-4155

Rochelle News Leader
211 Hwy 38 East
Rochelle, IL 61068

Rockford Mercantile Agency
2502 South Alpine Road
Rockford, IL 61108

Rosetta Stone Ltd
135 West Market Street
Harrisonburg, VA 22801

Sprint PCS
P.O.Box 8077
London, KY 40742

Swedish American Health Systems
1401 East State Street
Rockford, IL 61104

Sycamore Carpetland
1719 DeKalb Avenue
Sycamore, IL 60178

Tempest Recovery Services
P.O.Box 3777
St. Joseph, MO 64503-3777

The Hartford
Hartford Plaza
Hartford, CT 06115

Transworld Systems
6920 220th Street SW
#105
Mountlake Terrace, WA 98043

University of Washington
Medical Center
P.O.Box C-9715
Federal Way, WA 98063

UW Physicians
P.O.Box 34115
Seattle, WA 98124-1115

Verizon South, Inc.
Bankruptcy Department
404 Brock Drive
Bloomington, IL 61701

Verizon Wireless
P.O.Box 105378
Atlanta, GA 30348

VW Credit, Inc
Asset Recovery
P.O.Box 3704
Hillsboro, OR 97123

Wells Fargo Card Services
P.O.Box 9210
Des Moines, IA 50306

West Asset Management
7171 Mercy Road
Omaha, NE 68106

B203
12/94

United States Bankruptcy Court
Northern District of Illinois

In re Patricia L. Lichte

Case No. _____

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 3,500.00

Prior to the filing of this statement I have received \$ 626.00

Balance Due \$ 2,874.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

Date

/s/ Richard H. Schmack

Signature of Attorney

Name of law firm